

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 8:39

KS

DOCUMENT # *PD 6006142472*

1. Corporation Name

LALO'S MAINTENANCE, INC

000180277630
05/04/10--01048--017 **450.00

2. Principal Office Address - No P.O. Box #

2587 NW 99TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2587 NW 99TH AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

US

City & State

CORAL SPRINGS, FL

Zip

33065

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2006

5. FEI Number

20-5882489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDUARDO WONG

Street Address (P.O. Box Number is Not Acceptable)

2587 NW 99TH AVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>EDUARDO WONG</i>	<i>2587 NW 99TH AVE</i>	<i>CORAL SPRINGS, FL 33065</i>

10. E-mail Address: *EDUBENS@HOTMAIL.COM*

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

EDUARDO WONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/2010 954 509-1194

Daytime Phone #